Social Determinants and Policy: Why Shifting the Care Paradigm is Good for Population Health and Health Care

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Crossing the Quality Chasm: Fundamental Redesign

“Bringing state-of-the-art care to all Americans in every community will require a fundamental, sweeping redesign of the entire health system...merely making incremental improvements in current systems of care will not suffice.” – IOM, 2001
Economic Reform: How we Spend vs. On What we Spend

- 60% - 70% of risk unaccounted for in our risk-adjustment models
- Focus is mostly on high cost / high need patients/members
- “No-intervention” control group for things like food insecurity in key CMMI pilot & no definitions of success for resource connections
- Social Needs consigned to separate pilot; new payment models collide – 80+ models → “Tower of Babel”
Health Leads’ Vision

Health Leads envisions a healthcare system that *addresses all patients’ basic resource needs* as a standard part of quality care.

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Illuminating the “Black Box” of Basic Resource Needs Data

**WHO has needs:**

- **Type of insurance:** 30% of patients who screened positive for social needs at MGH had commercial insurance
- **Type of patient population:** KP SoCal call center to proactively screen predicted high utilizers – of those who agree to be screened, 78% have at least one unmet social need

**HOW to address needs:**

- **Follow up:** patient contact 2x within 2 weeks increases odds of successful resource connection by **18 – 23%**
- **Successful connections:** SNAP/WIC data shows greater success with community-based programs vs. clinic based (>90% vs. 30%)
- **Texting:** 63% of all enrolled patients opt into text messaging (send/receive 3000+ text messages/month)
- **Type of engagement:** 15% of patients provided list of resources (paper handout) make a successful connection vs. 80% of patients who receive navigation make a successful connection
Unmet Basic Needs ➔ Poor Health, Inefficient Utilization

Endorsing This Approach: Momentum is Growing

Fundamental Redesign vs. Incrementalism

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